


Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 05-31-98

<b>EPA</b> United States <b>Environmental Protection Agency</b> Washington, DC 20460		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
<b>Application for Pesticide - Section I</b>			
1. Company/Product Number <b>Tigris, LLC / 92647-XXX</b>		2. EPA Product Manager <b>Erik Kraft</b>	
4. Company/Product (Name) <b>Tigris, LLC/ Tigris Fomesafen</b>		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) <b>Tigris, LLC</b> <b>1204 Village Market Place</b> <b>#173</b> <b>Morrisville, NC 27560</b> <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(I), my product is similar or identical in composition and labeling to:  EPA Reg. No. [REDACTED] Product Name [REDACTED]	
<b>Section II</b>			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated XX-XX <input type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated XX-XX-XX <input checked="" type="checkbox"/> "Me Too" Application <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For section I and Section II.) <b>New Product Submission: R300 application for a new end-use product which is 100% compositionally identical to a registered product.</b> <b>Dave.Bolin@AtticusLLC.com</b>			
<b>Section III</b>			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No  <b>*Certification must be submitted</b>	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.      No. per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.      No. per Container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) Plastic Bag
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 2.5 gallon		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
<b>Section IV</b>			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Dave G. Bolin, Ph.D.		Title Director – Regulatory Affairs	
		Telephone No. (Include Area Code) 984-465-4754	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <b>(Stamped)</b>  <div style="color: red; font-weight: bold; font-size: 1.5em; transform: rotate(-5deg); position: absolute; top: 50%; left: 50%;">DOCUMENTUM</div>
2. Signature 		3. Title Director – Regulatory Affairs	
4. Typed Name: Dave G. Bolin, Ph.D.		5. Date: March 21, 2018	